FERRIS TURNER

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2017 JAN 10 P 12: 1

January 5, 2017

United States Bankruptcy Court Eastern District of New York 271 C Cadman Plaza East – Suite 1595 Brooklyn, New York 11201

Attention: Clerk of the Court

Re: Matthew Rosio Case No.: 16-45764

Dear Sir/Madam:

Pursuant to your Deficiency Notice I am enclosing the following documents:

- 1- Schedule G
- 2- Schedule I
- 3- Disclosure of Compensation of Attorney for Debtor

Please file same.

Very truly yours

Ferris Turner, Esq

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Eastern District Of New york

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Į	Чa	+ thew	Rosii	9		Case No	16 - 4.	576:4	
Del	ebtor					Chapter	7_	576.4	
		DIS	SCLOSUR	E OF COMPENSATION	ON OF ATTO	ORNEY FO	OR DEB	TOR	
1.	nam hank	ed debtor(s) a	ind that cor	(a) and Fed. Bankr. P. 2 npensation paid to me w paid to me, for services r ction with the bankrupto	vithin one year rendered or to b	before the be rendered	tiling of	the petition in	
	For '	legal services	I have agi	reed to accept			.\$	-0-	
	Prio	or to the filing	of this stat	ement I have received.			\$	-0-	
	Rais	ance Due					\$	-0-	
					,				
2.	The	source of the	compensat	tion paid to me was:	VA				
		Debtor		Other (specify)	,				
3.	The	source of cor	npensation	to be paid to me is: N	1/A				
		Debtor		Other (specify)					
4.		I have no members and	ot agreed to l associates	share the above-discloss of my law firm.	sed compensati	ion with an	y other p	erson unless th	ey are
		members or	associates	are the above-disclosed of my law firm. A copy ompensation, is attached	of the agreeme	with a other	r person r with a l	or persons who ist of the name	are not s of the
5.	In r	return for the a	above-disc	losed fee, I have agreed	to render legal	service for	ail aspec	cts of the bankr	uptcy
	a.	Analysis of t		s financial situation, and ptcy;	d rendering adv	vice to the d	lebtor in	determining w	hether to
	b.	Preparation	and filing o	of any petition, schedule	s, statements o	f affairs an	d plan w	hich may be re	quired;
	c.	Representati hearings the		ebtor at the meeting of o	creditors and c	onfirmatior	hearing	, and any adjou	ırned

B2030 i	Form	2030)	(12/15)
02030	(1 01111	2030)	(12/13)

Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

[Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: Any Adversary proceeding and other contested Bankruptay matters.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Fercis Turner, ESQ Name of law firm

Fill in this in	Fill in this information to identify your case:								
Debtor	MATTHEW First Name	Middle Name	ROSIO Last Name						
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the: Eastern District of New York									
Case number Check if t amended									

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company wi	th whom you l	nave the contract or lease	State what the contract or lease is for
2.1					
	Name				
***************************************	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
***************************************	Name		<u> </u>		
	Number	Street		-	
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.5					
***************************************	Name				
***************************************	Number	Street			
	City		State	ZIP Code	

ROSIO MATTHEW Debtor 1 Case number (if know First Name **Additional Page if You Have More Contracts or Leases** Person or company with whom you have the contract or lease What the contract or lease is for 2<u>2</u> Name Number Street City ZIP Code State 2._ Name Number Street City State ZIP Code Name Number Street City State ZIP Code Name Number Street ZIP Code City State Name Number Street State ZIP Code City 2._ Name Number Street ZIP Code City State Name Number Street ZIP Code City Name Number Street State ZIP Code City

Fill in this information to identify	your case:						
Debter 1 MATTHEW ROS	SIO						
First Name		Last Name	—				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	_				
United States Bankruptcy Court for the:	Eastern District of New York						
Case number 16-45764			Check if thi	s is:			
(a disent)			An ame	•			
				ement showing postpetition chapter 13 as of the following date:			
Official Form 106l	- _ ,		MM / DD	/ YYYY			
Schedule I: You	ur Income			12/15			
supplying correct information. If y	you are married and not fili ouse is not filing with you, c le top of any additional pag	ng jointly, and your s lo not include inform	spouse is living with you ation about your spous	both are equally responsible for u, include information about your spouse. se. If more space is needed, attach a own). Answer every question.			
1. Fill in your employment							
information.		Debtor 1		Debtor 2 or non-filling spouse			
If you have more than one job, attach a separate page with information about additional employers.	Employment status	✓ Employed☐ Not employed		☐ Employed ☐ Not employed			
Include part-time, seasonal, or self-employed work.							
Occupation may include student or homemaker, if it applies.	Occupation	SALES					
	Employer's name	CITY STEEL PR	RODUCTS INC				
	Employer's address	215 MILLER AV	ENUE	Number Street			
	,	PROOKLYN	NY 11207				
		BROOKLYN S	tate ZIP Code	City State ZIP Code			
	How long employed the	re? 1 YEAR		1 YEAR			
Part 2: Give Details Abou	ut Monthly Income						
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.							
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.							
			For Debtor 1	For Debtor 2 or non-filling spouse			
List monthly gross wages, sa deductions). If not paid monthly	alary, and commissions (be y, calculate what the monthly	ofore all payroll wage would be. 2	\$_2,100.00	\$			
3. Estimate and list monthly ov	ertime pay.	5	3. +\$	+ \$			
4. Calculate gross income. Add	line 2 + line 3.	4	ł	\$			

page 1

Debtor 1

MATTHEW ROSIO

	110010		
First Name	Middle Name	Last Name	

Case number (if known) 16-45764

		V					
		For Debtor 1	For Debtor 2 or non-filing spouse	omeran e des frances des servicios de la constante de la const			
Copy line 4 here	→ 4.	\$	\$				
5. List all payroll deductions:							
5a. Tax, Medicare, and Social Security deductions	5a.	\$	¢				
5b. Mandatory contributions for retirement plans	5b.	*	\$				
5c. Voluntary contributions for retirement plans	5c.						
5d. Required repayments of retirement fund loans	5d.						
5e. Insurance	5e.						
5f. Domestic support obligations	5f.	\$					
5g. Union dues	5g.	\$					
5h. Other deductions. Specify:	5y. 5h.						
		+\$	+ \$				
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	i. 6.	\$	\$				
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 2,100.00	\$				
8. List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm			•				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	\$	\$.				
8b. Interest and dividends	8a. 8b.		\$				
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive		Φ	Φ				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$				
8d. Unemployment compensation	8d.	\$	\$				
8e. Social Security	8e.	\$	\$				
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	псе						
Specify:	8f.	\$	\$,			
8g. Pension or retirement income	8g.	\$	\$				
8h. Other monthly income. Specify:	8h.	+\$	_+\$	And the second			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$				
 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 	10.	\$ <u>2,100.00</u>	+ \$ 0.00 =	\$2,100.00			
State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.							
Do not include any amounts already included in lines 2-10 or amounts that are Specify:	not av	ailable to pay expen		e			
			11. +	Ψ			
Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12.							
13. Do you expect an increase or decrease within the year after you file this f	form?			Combined monthly income			
 No. ✓ Yes. Explain: Hoping Commissions and Sales increase. 							